

**The Office of Vermont Health Access/University of Connecticut School of Pharmacy  
Cost of Prescription Dispensing Survey**



Office of Vermont Health Access

*Agency of Human Services*



Pharmacy & Survey Preparation Information:	
Name of Pharmacy:	1
Location Street Address:	2
Location City, State & Zip Code	3
Pharmacy Owner:	4
Pharmacist in Charge/Manager:	5
Name of Person Preparing this Cost Report:	6
Title:	7
Telephone Number: NABP no:	8
Email Address:	9
Code:	10

**Please note: Survey Data due back at the University of Connecticut School of Pharmacy  
by 10/20/06**

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Prescription & Pharmacy Statistics:	
<b>Please note: Data reported is for the period March 1, 2006 - August 31, 2006</b>	
Number of new prescriptions filled:	11
Number of refilled prescriptions filled:	12
Total number of prescriptions filled:	13
Total number of prescriptions filled for the OVHA programs on a primary billing basis:	14
Number of prescriptions covered by an insurance program on a primary billing basis:	15
Number of prescriptions covered on a cash basis:	16
Number of prescriptions prepared for Long-Term Care Patients:	17
	Is this pharmacy long-term care only?
Number of prescriptions compounded:	18
Do you provide home infusion/IV pharmacy services?	19
Do you provide delivery services for prescription medications?	20
Number of hours per week the pharmacy is open:	21
Do you own your building or lease it from yourself or a related party such as a family member or a related business entity?	22
On a per-patient basis, please estimate the amount of time you spend counseling a patient regarding prescription drug coverage issues: Circle one:    <5min    5-10 min    10-15 min    >15 min	23
Building Space Information (please measure)	
Location total floor space (all products and services)	24
Floor space devoted to prescription services only	25
Sales Information	
Total location sales net of sales tax collected	26
Total location prescription sales net of taxes collected	27

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Professional and Ancillary Staffing Costs	Total salary/wages	Per-cent of time devoted to prescription activity	
<b>Pharmacy Interns/Pharmacy Students</b>			32
<b>Customer Service Staff</b>			33
<b>Delivery Staff</b>			34
<b>Third-Party Reconciliation and Bookkeeping Staff</b>			35
<b>Maintenance/Cleaning/Utility Staff</b>			36
			37
<b>Total location payroll (all departments, goods &amp; services)</b>			38
<b>Total location pension, retirement and employee benefit plans (do not include employee health)</b>			39

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Overhead Expenses	
<b>Please note: Data reported is for the period March 1, 2006 - August 31, 2006</b>	
<b>Depreciation (not accumulated)</b>	40
<b>Taxes</b>	41
Personal property taxes	
Real estate taxes	
Payroll taxes	
Sales taxes paid	
State income taxes (corporations only)	
Vermont pharmacy provider tax	
Any other taxes (please specify)	
<b>Pharmacy license fees</b>	42
<b>Rent:</b>	43
Building/Location	
Equipment rental	
<b>Insurance:</b>	44
Workers compensation	
Property, casualty, flood Insurance	
Employee health insurance	
Other insurances (please specify)	
<b>Repairs</b>	45
<b>Interest</b>	46
<b>Legal, accounting and professional fees</b>	47
<b>Non-interest banking fees and charges</b>	48
<b>Dues and publications</b>	49
<b>Bad debt for prescriptions</b>	50
<b>Charitable contributions (corporations only)</b>	51
<b>Telephone, electric, heat, sewer, refuse &amp; any other utilities</b>	52
<b>Office and operational supplies</b>	53
<b>Advertising</b>	54
<b>Pharmacy computer expenses-please refer to instructions</b>	55
<b>Prescription vials</b>	56
<b>Prescription labels</b>	57
<b>Pharmacy bags</b>	58

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Overhead Expenses-Continued	
Specialty prescription packaging	59
Pharmacy adjudication/transaction charges	60
Prescription delivery expenses (do not include staffing costs)	61
Other prescription related expenses not noted above (please provide details)	62
Central office/corporate overhead pharmacy related expenses:	63